

P12000102275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

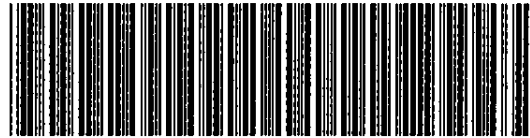
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRET
TALLAHASSEE, FLORIDA
DEC 14 12 7:39
STATE

12/17

9

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Florida Medical Management Partners, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jose R. Oliveros
Name (Printed or typed)
517 Dear Run
Address
Miami Springs, Fl. 33166
City, State & Zip
786-236-8900
Daytime Telephone number
isadelapena@comcast.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **Florida Medical Management Partners, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

4051 East 8th Avenue Suite #1

Hialeah, Fla. 33013

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Professional Corporation**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose R. Oliveros - President

Address: 517 Dear Run

Miami Springs, Fl. 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Isabel De La Pena

Address: 100 Carlisle Drive

Miami Springs, Fl. 33166

ARTICLE VII INCORPORATOR

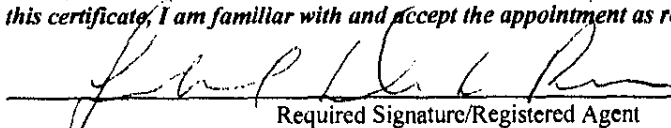
The name and address of the Incorporator is:

Name: Jose R. Oliveros

Address: 517 Dear Run

Miami Springs, Fl. 33166

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/12/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12/12/12

Date

FILED
12 DEC 14 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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Mailing address, if different is:
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose R. Oliveros - President
Address: 517 Dear Run
Miami Springs, Fl. 33166

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

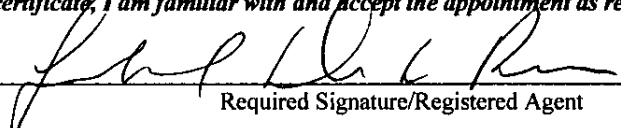
Name: Isabel De La Pena
Address: 100 Carlisle Drive
Miami Springs, Fl. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose R. Oliveros
Address: 517 Dear Run
Miami Springs, Fl. 33166

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Required Signature/Incorporator

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TALLAHASSEE FLORIDA